

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re: DENNIS M. WRIGHT	§	Case No. 08-70403
JULIA R. WRIGHT	§	
	§	
Debtors	§	

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/14/2008.
- 2) The plan was confirmed on 10/29/2008.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 04/24/2009.
- 6) Number of months from filing or conversion to last payment: 14.
- 7) Number of months case was pending: 16.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$22,825.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$ 12,090.35	
Less amount refunded to debtor	\$ 197.40	
<b>NET RECEIPTS</b>		<b>\$ 11,892.95</b>

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$ 3,200.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 918.17	
Other	\$ 0.00	
<b>TOTAL EXPENSES OF ADMINISTRATION</b>		<b>\$ 4,118.17</b>
Attorney fees paid and disclosed by debtor:	\$ 300.00	

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
LAW OFFICES OF PETER FRANCIS	Lgl	3,500.00	3,500.00	3,500.00	3,200.00	0.00
CREDIT AUTO SALES	Sec	2,378.00	2,378.00	2,378.00	583.94	299.21
HEIGHTS FINANCE CORP	Sec	2,578.00	2,495.44	2,300.00	918.89	160.11
HEIGHTS FINANCE CORP	Uns	0.00	0.00	195.44	0.00	0.00
HSBC	Sec	14,768.00	14,768.00	14,768.00	2,968.57	2,433.06
HSBC	Uns	0.00	238.85	238.85	0.00	0.00
RENT-A-CENTER	Uns	2,400.00	NA	NA	0.00	0.00
ILLINOIS DEPARTMENT OF	Pri	250.00	66.59	66.59	66.59	0.00
ILLINOIS DEPARTMENT OF	Uns	0.00	30.00	30.00	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	1,600.00	344.41	344.41	344.41	0.00
INTERNAL REVENUE SERVICE	Uns	0.00	46.43	46.43	0.00	0.00
ADVANCE AMERICA	Uns	1,600.00	1,485.00	1,485.00	0.00	0.00
CAPITAL ONE BANK (USA) NA	Uns	800.00	691.06	691.06	0.00	0.00
CHECK INTO CASH	Uns	400.00	NA	NA	0.00	0.00
COMED CO	Uns	900.00	714.12	714.12	0.00	0.00
PARAGON WAY INC	Uns	2,000.00	1,612.14	1,612.14	0.00	0.00
DEALER SERVICES	Uns	1,500.00	NA	NA	0.00	0.00
FELKER SNYDER DRUG	Uns	100.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
FIGI'S INC	Uns	250.00	109.88	109.88	0.00	0.00
GALLATIN RIVER	Uns	800.00	591.19	591.19	0.00	0.00
HSBC	Uns	800.00	NA	NA	0.00	0.00
INSIGHT COMMUNICATIONS	Uns	125.00	NA	NA	0.00	0.00
KSB MEDICAL GROUP	Uns	800.00	NA	NA	0.00	0.00
MARTHA GERTMANN	Uns	1,300.00	NA	NA	0.00	0.00
NICOR GAS	Uns	1,000.00	742.38	742.38	0.00	0.00
NORTH AMERICAN FISHING CLUB	Uns	250.00	NA	NA	0.00	0.00
NORTHERN ILLINOIS ENDONTICS	Uns	125.00	NA	NA	0.00	0.00
OGLE HEALTH DEPT.	Uns	500.00	NA	NA	0.00	0.00
OREGON AMBULANCE	Uns	800.00	NA	NA	0.00	0.00
CREDITORS PROTECTION SERVICE,	Uns	500.00	1,961.76	1,961.76	0.00	0.00
ACCOUNT RECOVERY SERVICES	Uns	300.00	469.40	469.40	0.00	0.00
PALISADE COLLECTIONS	Uns	900.00	NA	NA	0.00	0.00
PEDIATRICS SW	Uns	350.00	NA	NA	0.00	0.00
RMH PATHOLOGIST	Uns	125.00	NA	NA	0.00	0.00
ROCK VALLEY WOMENS HEALTH	Uns	400.00	NA	NA	0.00	0.00
ROCKFORD MERCANTILE AGENCY	Uns	2,800.00	19,173.97	19,173.97	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	600.00	NA	NA	0.00	0.00
ROCKFORD ORTHOPEDIC	Uns	16,400.00	NA	NA	0.00	0.00
ROCKFORD RADIOLOGY	Uns	150.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY	Uns	125.00	119.18	119.18	0.00	0.00
MUTUAL MANAGEMENT SERVICES	Uns	400.00	249.50	249.50	0.00	0.00
THOMAS A. CLINE DDS	Uns	1,200.00	NA	NA	0.00	0.00
VERIZON	Uns	1,000.00	NA	NA	0.00	0.00
LAW OFFICE OF AL HENRY	Uns	0.00	831.31	831.31	0.00	0.00
ACCOUNT RECOVERY SERVICES	Uns	0.00	469.40	0.00	0.00	0.00
CREDITORS PROTECTION SERVICE,	Uns	0.00	16.00	16.00	0.00	0.00
CREDITORS PROTECTION SERVICE,	Uns	0.00	17.00	17.00	0.00	0.00
ROCKFORD HEALTH PHYSICIANS	Uns	0.00	199.30	199.30	0.00	0.00
ORTHOPEDIC CLINIC	Uns	300.00	NA	NA	0.00	0.00
ROCKFORD HEALTH PHYSICIANS	Uns	150.00	NA	NA	0.00	0.00
YOLANDA WRIGHT	Pri	0.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 19,446.00	\$ 4,471.40	\$ 2,892.38
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL SECURED:</b>	\$ 19,446.00	\$ 4,471.40	\$ 2,892.38
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 411.00	\$ 411.00	\$ 0.00
<b>TOTAL PRIORITY:</b>	\$ 411.00	\$ 411.00	\$ 0.00
<b>GENERAL UNSECURED PAYMENTS:</b>	\$ 29,493.91	\$ 0.00	\$ 0.00

**Disbursements:**

Expenses of Administration	\$ 4,118.17	
Disbursements to Creditors	\$ 7,774.78	
<b>TOTAL DISBURSEMENTS:</b>		\$ 11,892.95

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 06/18/2009

By: /s/ Lydia S. Meyer  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.